Refugees and Mental Health: Issues for Training

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I wish people would understand
The difficulties trying to lead
A life in a different country.
Powerlessness, acting mute and dumb
Using hands and sweat
Instead of mental agility
Alienation, no recognition, no status,
Disapproval, hostility from others.

Depression, stress, anxiety
Loneliness, withdrawal are only a few problems
Khmer people face in a new society.

(Sivleang Ubng, 1989, p57)

The lines quoted above have a resonance not only for Khmer people, but for anyone living in forced exile from their homeland.

It is not clear at what point depression, stress and anxiety shade into “mental health problems”, but those who work with refugees usually express concern about the unmet mental health needs that they observe (see Abbott, 1987). Yet one of the paradoxes in this is that mainstream mental health services often have remarkably few refugees presenting themselves for help (Eisenbruch, 1989;Bernier 1992). The reasons for this are not certain: refugees from South-East Asia may prefer to “save face” and try to solve problems within the family, access to services may be fraught with difficulty in the absence of easily available interpretation; and services using Western diagnostic systems and treatment may be inappropriate for some refugee communities.

Training Workshops on Refugees and Mental Health

It is usually teachers, activists from refugee communities and workers in voluntary agencies concerned with refugee resettlement who are close enough to refugees to be aware of and troubled by individual, family and community distress. While mental health services in general may fail to meet refugees’ needs, individual health or welfare workers often want to be able to use their therapeutic skills to help refugees. At two workshops on refugee mental health and welfare held in Auckland in April 1993 participants were drawn from all these groups.

As trainers at these workshops, we guessed that our programme would need to satisfy two rather different demands. We thought that some people active in helping refugees would themselves be at times emotionally burdened by the unhappiness they saw, and feel that their role and training had not equipped them to help. Others might wonder whether their professional expertise was of relevance in cross-cultural work, and would perhaps want to know more about what problems might result for those who have undergone “the refugee experience”.
Everyday Helping Skills

Training on mental health issues for people who had such diverse starting points in their knowledge of refugee mental health might seem rather a tall order. Our basic premise was that refugees are survivors, not victims. A minority of people may at some point in their settlement need medical or psychiatric treatment. The majority will cope: recovery can be viewed as a collective activity rather than something brought about by individual clinical consultations (Summerfield, 1992). Helpers can assist this process by using everyday listening skills and supporting communities in their efforts to rebuild their fractured networks.

With this in mind, rather than ourselves trying to meet the entire spectrum of training needs held by the twenty participants at each of our workshops, we aimed for a facilitative style. We wanted to establish a climate in which people felt confident in acknowledging the emotional content of their work and its impact on themselves. With some brief inputs from ourselves based on our own practice experience with refugees in the UK, we hoped we could rely on the emergence of skills, strengths and knowledge from within the group so that people would also be learning from each other. We were optimistic that people did not so much need to be taught a new set of skills as to reflect on, and gain confidence in, how they used skills they already possessed as they tackled some of the mental health needs in refugee communities.

Exercises to Challenge and Affirm

Feedback from participants in the courses suggests that our optimism paid off, and that most participants did indeed leave the workshops feeling re-energised, helping in taking “risks” to learn and develop their work in a supportive environment, and affirmed in their practice. We had a “menu” of exercises and discussion topics which are central to work with refugees. This included making assessments, understanding loss and bereavement, the effects of torture and trauma, different ways of working - from refugees, and support and supervision for workers. We used experiential methods and encouraged participants to use their own case examples for discussion and role play.

We describe here just three of the exercises which we used to help people to draw on their own experience in finding creative responses to troubled refugees. We have picked out these particular exercises because they tackle some key challenges of work with refugees, and because they provide examples of how different kinds of training exercises can provide a framework for learning and discussion. They are:

- An exercise on loss: helpers can feel overwhelmed by the emotional pain which accompanies the intense loss and change experienced by refugees
- A role-play of an assessment interview: clarity about the helper's role and function is essential at the outset
- A drawing exercise on communicating emotion: when languages and meanings may differ widely it can be hard to be sure that the emotional content has been understood and acknowledged

Loss and Refugees

In pairs, participants listened to each other speak in turn. People had five minutes each to
talk about a loss in their own lives: how they had felt at the time, and how they felt now. As we looked around the room we could see people recalling strong emotions. Doing the exercise ourselves kept us in touch with what people might be experiencing.

In discussion, we made connections between people’s responses in doing that exercise, and how losses may be felt by refugees. We were able to point to the evident emotion called up for participants as they spoke of past losses. Some losses are perhaps never entirely reconciled; yet, as with any of us, refugees may continue to function socially and live with such loss. Continued emotional vulnerability is not necessarily a sign of mental breakdown.

There are different kinds of losses, some personal, others more abstract. Refugees leave behind family members, the wider community, the homeland, as well as less tangible aspects of their lifestyle: status, cultural context, ideology, or perhaps religious rituals. Losses can be permanent or temporary. Refugees often do not know which they are experiencing: they may hope that exile is temporary and that return will be possible later. This can affect their ability to let go of the past and form new attachments.

We asked people to think from their own experience what helps relieve the pain of loss, and then how these possibilities might apply to refugees? How available are the normal social and cultural supports and rituals to refugees? What could participants do to back up refugees’ efforts to recreate some of their supportive practices (Reade, 1981)? Most of us find that support from constant friends, religious rites, funerals, even celebrations can be of help. If professionals can give refugees some resources and practical aid to re-establish social networks and cultural or religious pursuits this may allow mental health to be maintained in the face of massive losses and grief (Finlay and Reynolds, 1987).

It was an upsetting but thought-provoking morning’s work. We had taken a deliberate risk in programming this exercise soon after the initial introduction to the workshop. Some participants felt resentful and angry in being asked to do work which was to put them in touch with their own feelings of distress. They nonetheless saw the value of doing this, if they were to be of help to refugees. Furthermore, painful as the exercise was, it had helped build a climate of trust and confidence amongst the workshop group, as people had shared deep feelings with each other and received warm responses.

**Making Assessments**

As we have indicated, workshop participants had a variety of professional and personal interests in work with refugees. An exercise on making assessments gave an opportunity for people to work in small groups where they could link with others who held some shared perspectives, for example, interests in counselling, health care, education or social work. We used a video clip of a teenage girl in a refugee camp, to trigger group discussion on thoughts and feelings. Groups then had to plan their assessment strategy for the girl and her family. They were asked to help at a time when she was preoccupied and under-performing at school; each group could determine for itself in what role and capacity it would be making contact. This then led naturally to a role play of a first interview, in which people could try out different approaches.

We encouraged participants to look beyond the needs of the individual child in this example, and to consider also how her family and members of the wider community
could be included in assessing her needs and formulating a plan of action. Early and appropriate intervention can prevent normal anxieties and difficulties from escalating into more severe mental health problems. In feedback discussion we heard about participants’ resourcefulness in finding effective ways of contacting the family, sometimes through other community members, or sponsors.

One group role-played a meeting with an unsympathetic teacher. They tried several times to find a different point of intervention, as the teacher clearly had no interest in learning more about the background factors affecting the girl’s lateness and lack of application in schoolwork. Somehow the critical teacher kept on coming back into the role play! Refugees often feel that their concerns are viewed as rather marginal to members of the ‘host’ society. The battles which the worker in the refugee agency was having with the teacher gave an interesting hint of how often helpers can themselves feel marginalised: advocates of a cause to which authority figures are unsympathetic or outwardly hostile (Reynolds and Shackman, 1993).

When it is linked with discussion, planning and review, role play can be a very effective means of learning. Often people feel nervous about exposing their way of working, and need encouragement to take this risk. The objective is not to demonstrate ‘the perfect interview’, but to get invaluable feedback and ideas about how they come across and other possibilities they might experiment with.

**Communicating Emotion**

The third exercise we describe was itself something of an experiment. Some would say that “you can't translate emotion”. If this is so, then some refugees must indeed feel isolated, reliant as so many are on interpretation, or their own hesitant second language skills.

For this exercise participants worked again in pairs, using large sheets of paper and coloured pens. One person was asked to identify a powerful emotion, possibly something they had felt today. Without naming it to their partner, or talking at all, they had to try to convey the emotion in a drawing while the other person observed. The partner then had to respond by using pen and paper themselves to acknowledge the emotion expressed, or to encourage further clarification.

We did not know exactly how this exercise would work: would people rebel at being asked to do something so impossible? To our surprise, once they had understood our rather perverse instructions, people threw themselves into the activity, and we were conscious of immense concentration as people worked together in different corners of the room. A variety of emotions were expressed powerfully in drawings, and there was an equally creative range of silent responses, encouragement and support, including a whole ‘dialogue’ of drawings from two people working together.

The emotions of refugees and the cultural expression of these vary greatly. This exercise had allowed people to find different ways of expressing and communicating emotions without the constraints of language. The exercise was not a frivolous undertaking: people felt frustrated when their partners did not understand them, relieved and encouraged when they did, and even found that they were expressing emotions they had not realised they were feeling at the time. This sparked discussion of the frustration and the breakthroughs that people had experienced in trying to understand in work with refugees when there had
been barriers of language or culture.

Some workshop members could see direct application to their work. One teacher described how the mother of a Vietnamese child in her class would take up a paintbrush alongside the children, and how much she seemed to gain from this participation. We were able to make a link with this exercise by showing slides of paintings done by children who see Sheila Melzak, the child psychotherapist at the Medical Foundation for the Care of Victims of Torture. Often these pictures speak volumes as to the memories and fantasies of children who were quite young when they left their homeland: drawing and painting may be sufficient in themselves or they may lead to further exploration of the themes displayed.

This exercise led on to a discussion on different ways of working with refugees who are distressed, or simply finding themselves unable to communicate their emotions. Writing, drawing, poetry, song, play and movement can all be powerful expressions of feelings and emotions. Talking about an experience may not be enough on its own. When the person is able to show and express the associated feelings, healing is able to take place.

Conclusion

Much remains to be done, in New Zealand as elsewhere, to co-ordinate and improve services so that they can better meet the needs of refugees experiencing mental health breakdown, as well as simple loneliness, powerlessness, alienation, disapproval, hostility and withdrawal. It is important that as we campaign for better recognition of needs, we continue to build on and utilise the skills that people already employ in their efforts to aid refugee settlement. Expertise in work with refugees is by its nature evolving in work done in everyday settings, such as schools, health clinics, community centres. It is important to consolidate, extend and communicate the nature of such expertise in workshops where people can restore their hope and energy.

References